



Government Management, Accountability and Performance

October 19, 2006

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Mental Health Division



Overview of New MHD Initiatives

- Comprehensive Strategy Including:
 - Redesign Benefits Package
 - Housing Development Plan
 - PACT/New Community Resources

Initiatives to be discussed in future GMAP sessions

- Evaluation of ITA commitment laws and practices
- Utilization Review of State and Community Hospitals

Comprehensive and Integrated Mental Health Services

Objective: Care is Recovery Based and Delivered in the Community

Benefits Package

Key Milestones	Due Date	Status
Stakeholder Process: STI Task force	Oct 06 – Jun 07	Representatives Identified
Consultant RFP & Contract	Nov 06	Bids submitted and under review Contracts expected 11/1/06
Draft Consultant Action Plan	Apr 07	
Final Consultant Action Plan	Jun 07	
MHD Options & Recommendations	Sep 07	

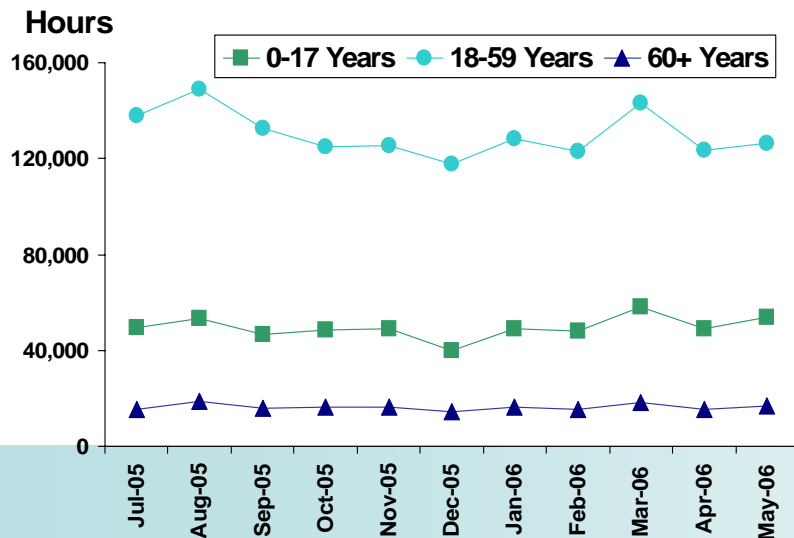
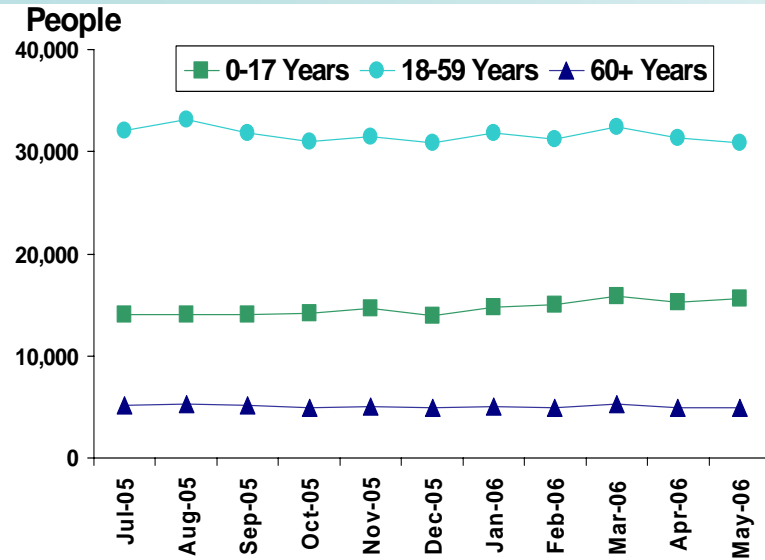
Project Summary

- ❖ Review menu of required clinical services and supports
- ❖ Prioritize evidenced based and promising practices / culturally relevant
- ❖ Recovery oriented benefits design
- ❖ Transparent rate structure
- ❖ Cost Estimates
- ❖ Develop Options for New Benefit Package- Cost Neutral

Comprehensive and Integrated Mental Health Services

Objective: Care is Recovery Based and Delivered in the Community

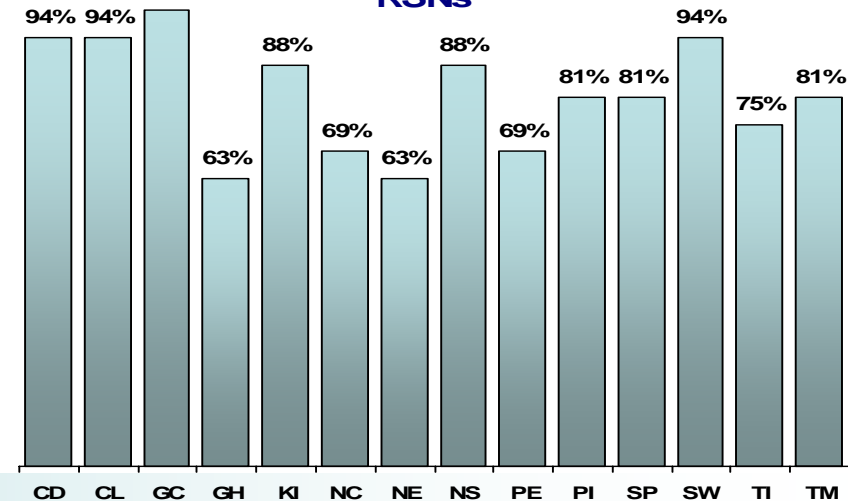
Outpatient Services - FY2006



Analysis

- Adults receive the majority of services
- Hours decreasing for adults
- Not all treatment modalities are reported by all RSNs.

Treatment Modalities Provided by RSNs



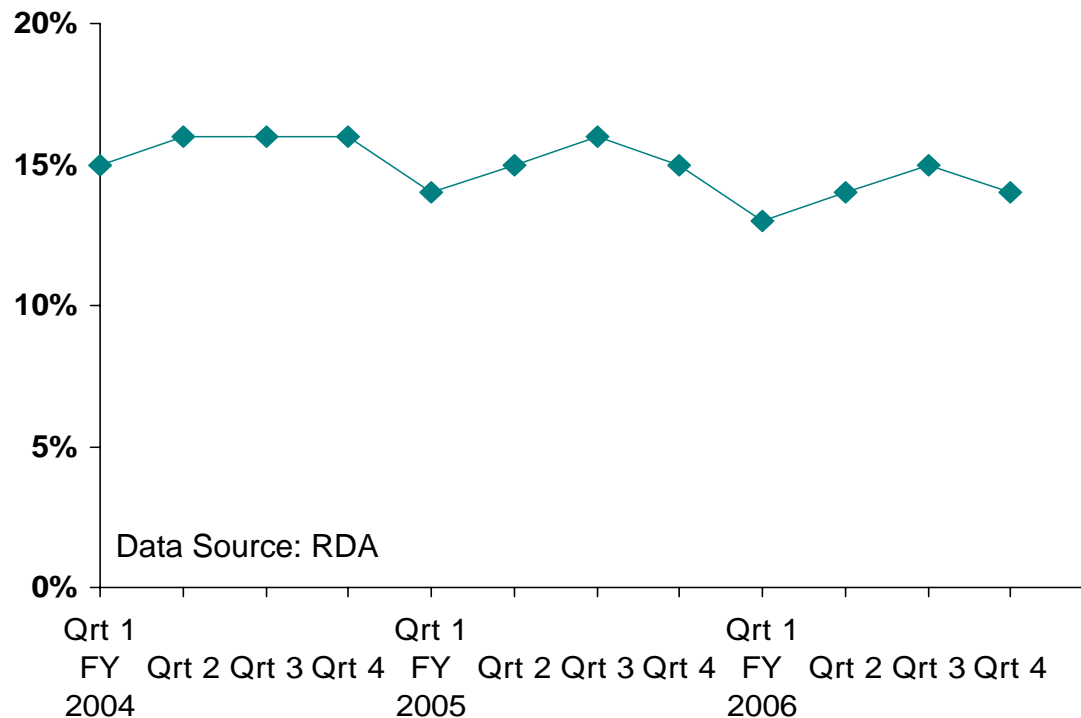
Comprehensive and Integrated Mental Health Services

Objective: Care is Recovery Based and Delivered in the Community

Employment

Action	Who	Due Date
•Train Peer Counselors on Voc. Rehab. and supported employment.	•WIMIRT	•March 2007
•Develop and Support Clubhouses	•MHD	•Ongoing

**Percent of Outpatients Employed
During Fiscal Year**



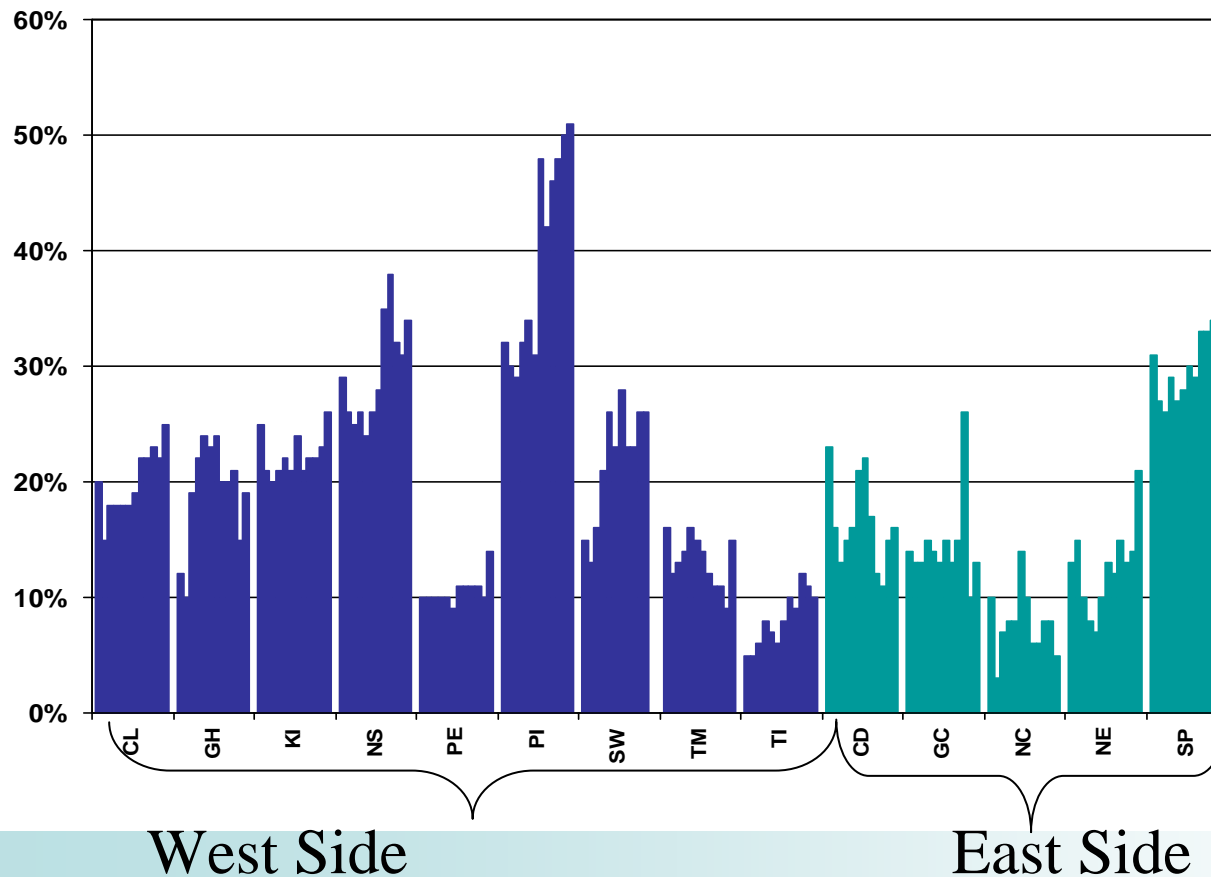
Analysis

- Approximately 15% of clients are employed per quarter.
- Disincentives exist for people with mental illness to enter paid employment
- Programs designed to address these barriers are under-utilized
 - Healthcare Workers with Disabilities,
 - Ticket-to-Work benefits,
 - Vocational Rehabilitation, and
 - Supported Employment

Comprehensive and Integrated Mental Health Services

Objective: Care is Delivered in the Community

Percentage of Crisis Only Service Hours to Outpatient Service Hours- 2005



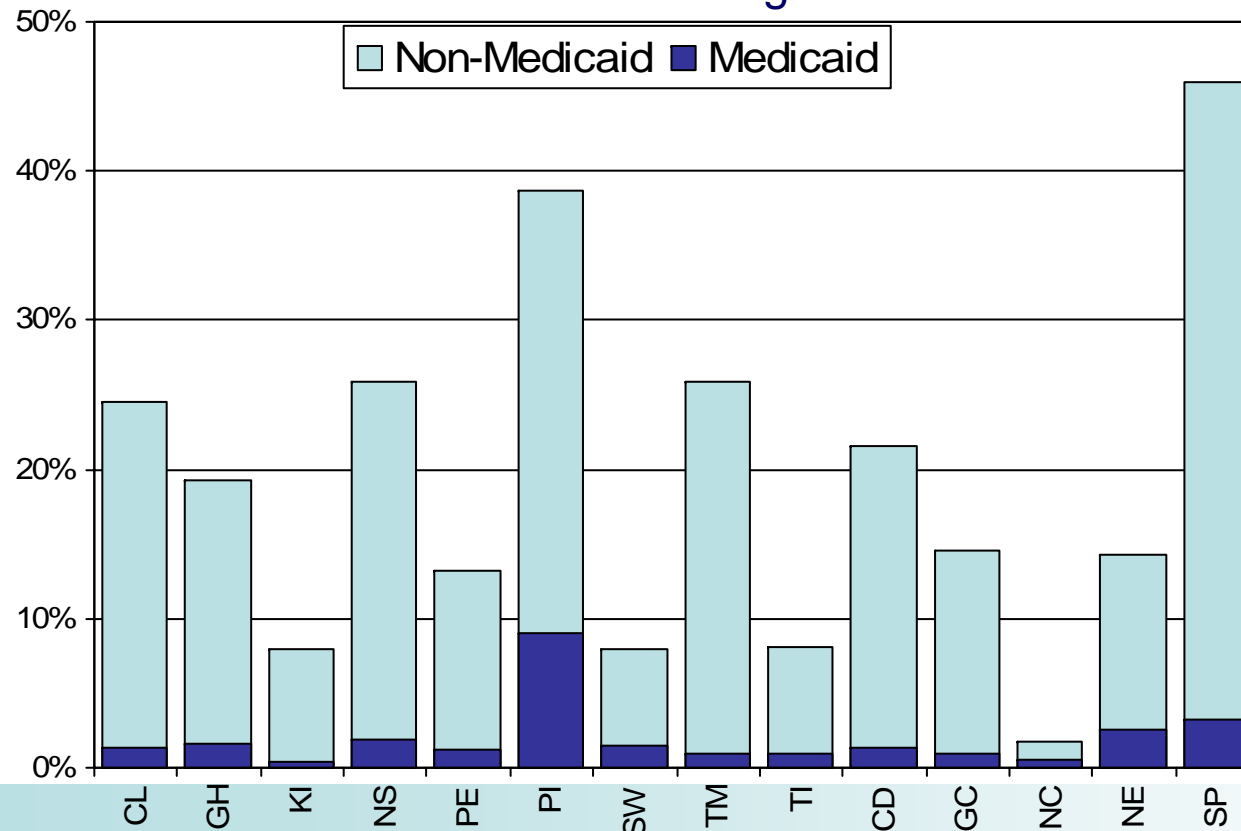
Analysis

- The proportion of crisis services delivered varies from 10% to over 50% across the RSN
- For some RSNs, crisis services are the predominate service being delivered.
- For 7 RSNs this trend is increasing
- Reporting may have been inflated in the last half of 2005 because state only funding was prioritized for crisis services

Comprehensive and Integrated Mental Health Services

Objective: Care is Delivered in the Community

Percentage of Crisis Only Service Hours to Outpatient Service Hours FY2006 average



Analysis

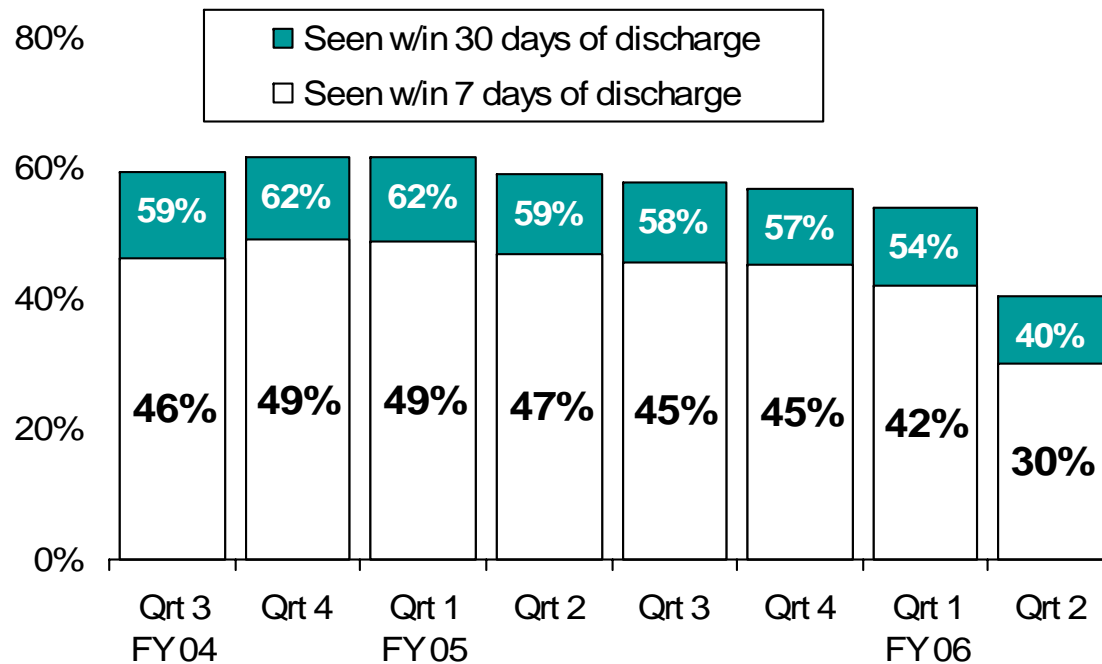
- The majority of crisis services are being delivered to non-Medicaid recipients
- Pierce RSN has the highest rate of crisis services being delivered to Medicaid recipients

Comprehensive and Integrated Mental Health Services

Objective: Care is Delivered in the Community

Percentage of clients seen within 7 and 30 days of Discharge from any Inpatient Setting

Target – Increase percentage



Analysis

- The drop in the last quarter is likely due to incomplete reporting
- However the trend has been decreasing since September 2004

Data Notes: CONTACT: Judy Hall
DATA Source: MH Performance Indicator Report
2002-2005

Comprehensive and Integrated Mental Health Services

Objective:

Housing Plan

Key Milestones	Due Date	Status
Stakeholder Process: STI Task force	Oct 06 – Jun 07	Representatives Identified
Consultant RFP & Contract	Nov 06	Bids submitted and under review Contracts expected 11/1/06
Draft Consultant Action Plans	Apr 07	
Final Consultant Action Plans	Jun 07	
MHD Options & Recommendations	Sep 07	

Project Summary

- ❖ Analysis of Washington State housing issues
- ❖ Review RSN housing collaboration plans
- ❖ Develop guidelines for RSN housing plans
- ❖ Technical assistance
- ❖ Collaboration with existing planning groups

Comprehensive and Integrated Mental Health Services

Objective: Care is Delivered in the Community

Program for Assertive Community Treatment (PACT)

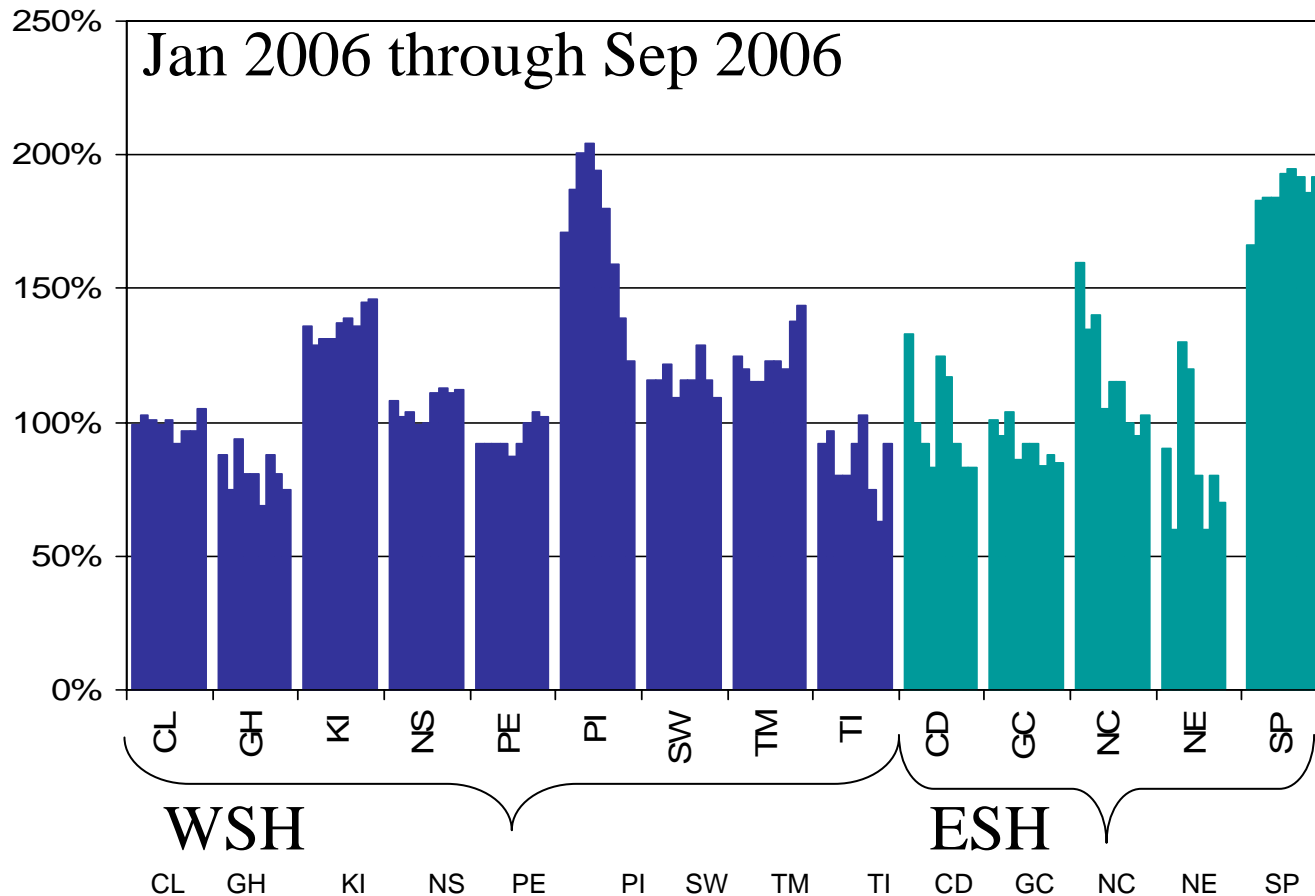
Key Milestones	Due Date	Status
Contract RSNs for Startup Funds	Sep 06	Complete
Hire 2 FTEs	Sep 06	Near complete
Contract WIMIRT for TA & Training	Sep 06	Complete
RSN Plans Due	Nov 06	
Finalize Standards and Fidelity Tools	Jan 07	
Design Fidelity and Outcome Eval Process	Mar 07	
Hire Western RSN PACT teams	May 07	
Train Western PACT Teams	Jun 07	
Western Teams Operational	Jul 07	
Hire Eastern RSN PACT Teams	Aug 07	
Train Eastern PACT Teams	Sep 07	
Eastern Teams Operational	Oct 07	
Complete Initial Fidelity Review Reports	Jun 08	
Complete Initial Outcome Report	Dec 08	

Project Summary

- ❖ Develop and implement 10 Program of Assertive Community Treatment Teams Statewide resulting in the eventual reduction of 120-160 state hospital beds
 - - 6 Full Teams: King (2), Pierce, Spokane, North Sound & Greater Columbia
 - - 4 Partial Teams: Peninsula, Clark, Thurston & Chelan
- ❖ Adopt National Standards & Fidelity Monitoring Scales
- ❖ Funding tied to state hospital utilization reductions
- ❖ Study outcomes and offset of costs for other services

Objective: Care is Delivered in the Community

State Hospital Bed Utilization by Percent of Monthly Bed Allotment



Daily Bed
Allocations

CL	GH	KI	NS	PE	PI	SW	TM	TI	CD	GC	NC	NE	SP
45	17	219	108	43	140	15	38	18	12	73	20	10	76

From Last Contract Period

October 19, 2006

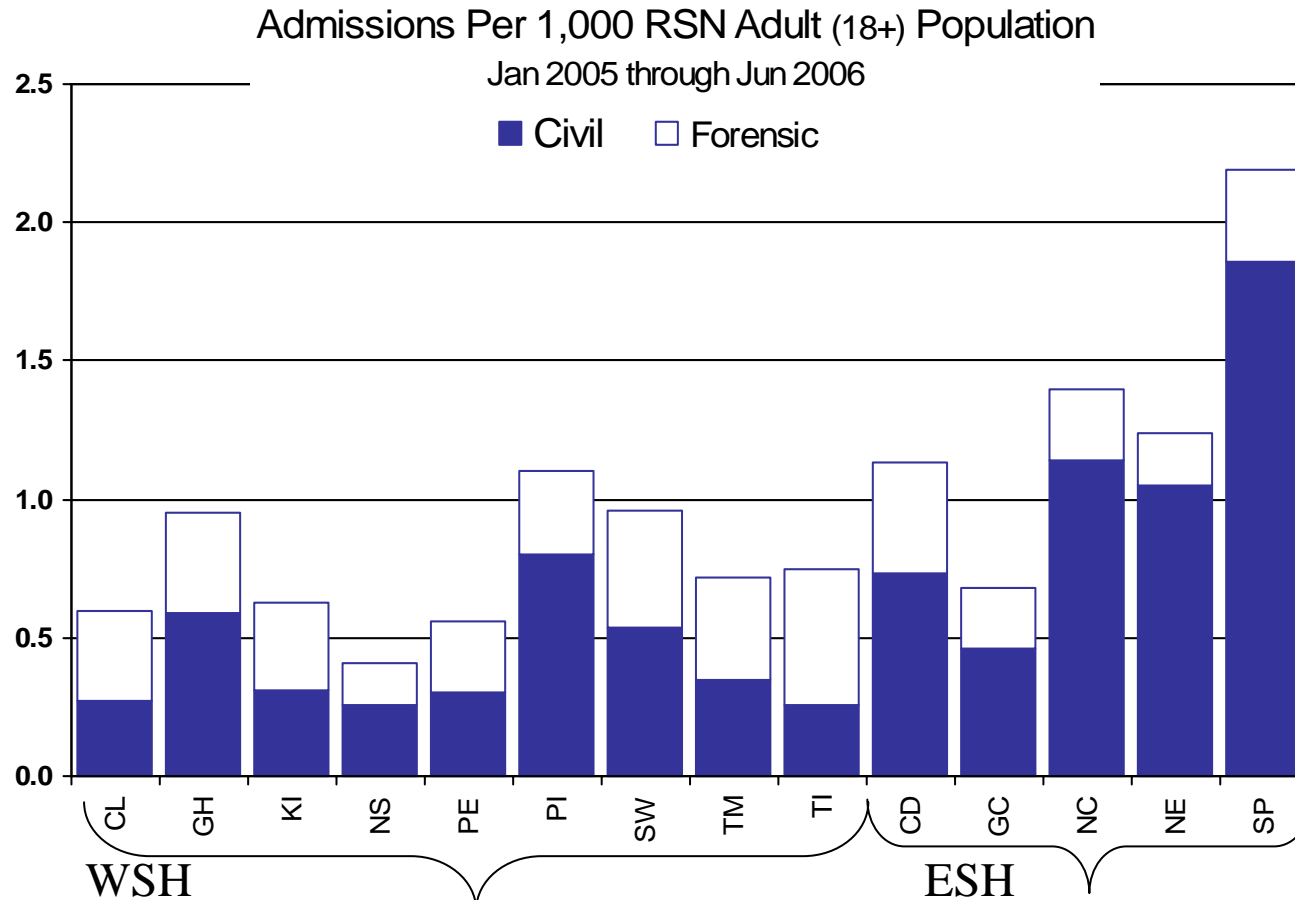
Analysis

- Greater Columbia, Pierce, Timberland, Chelan Douglas, Greater Columbia, North Central and North East RSNs have all dropped their daily census.

Comprehensive and Integrated Mental Health Services

Objective: Patient Care is Recovery Based and Non-coercive

Total Monthly Admits by Hospital per 1,000 RSN population (adults 18+ Years)



Analysis

- Spokane has the highest rate of admissions
- King has the highest overall number of admissions
- Over 50% of the admissions in King RSN are Forensic

	CL	GH	KI	NS	PE	PI	SW	TM	TI	CD	GC	NC	NE	SP
Tot Admits	170	50	896	319	143	619	69	151	55	85	314	134	65	725
Forensic	94	19	449	118	66	169	30	78	36	30	101	25	10	110
Civil	76	31	447	201	77	450	39	73	19	55	213	109	55	615

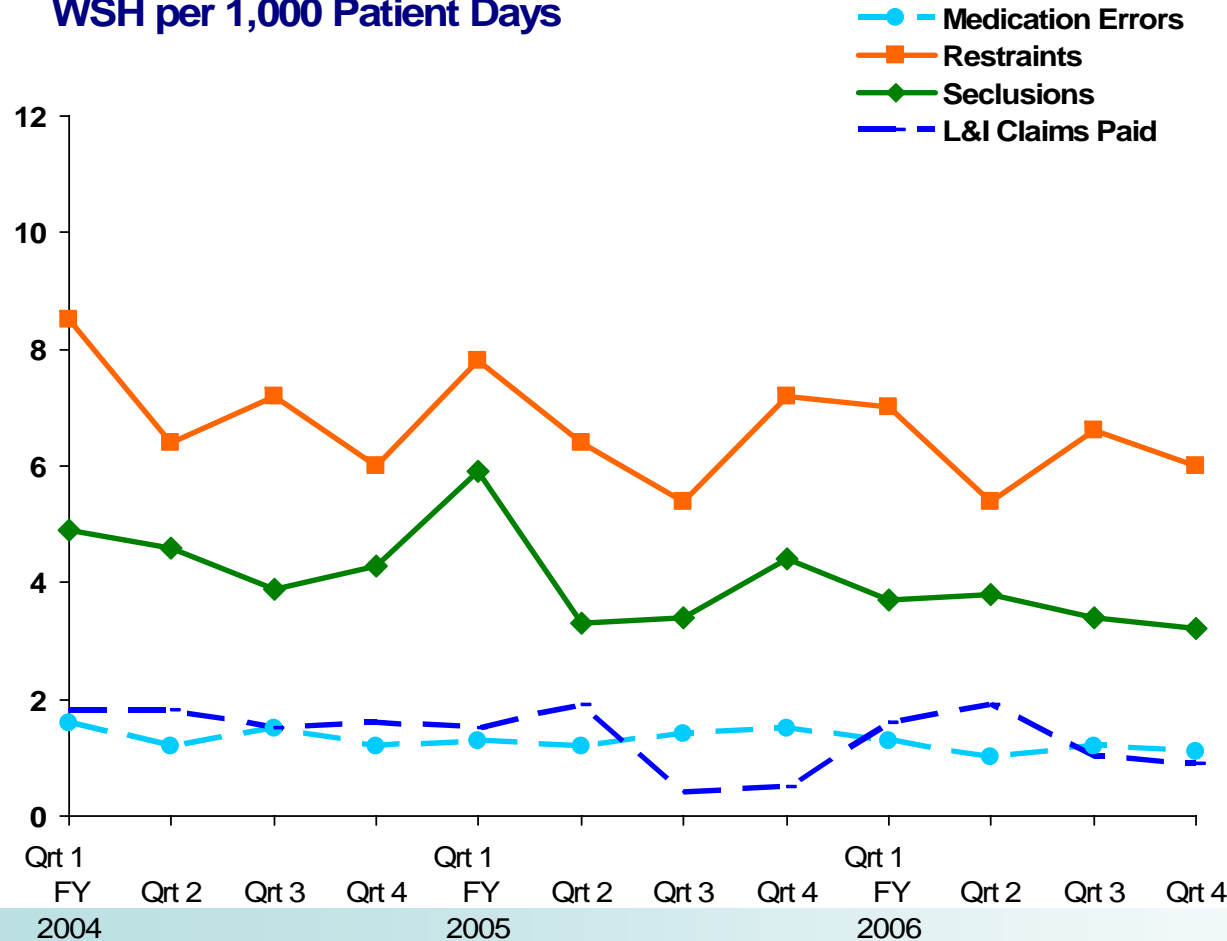
Comprehensive and Integrated Mental Health Services

Objective: Patient Care is Recovery Based and Non-coercive

Risk Factors – Western State Hospital

Action	Who	Due Date
Non-violence Initiative	Implementation Team	Grant ends 10-07

WSH per 1,000 Patient Days



Analysis

-slight declines in restraint and seclusion rates

-slight decrease in paid L&I claims also.

-little change on Medication error rate.

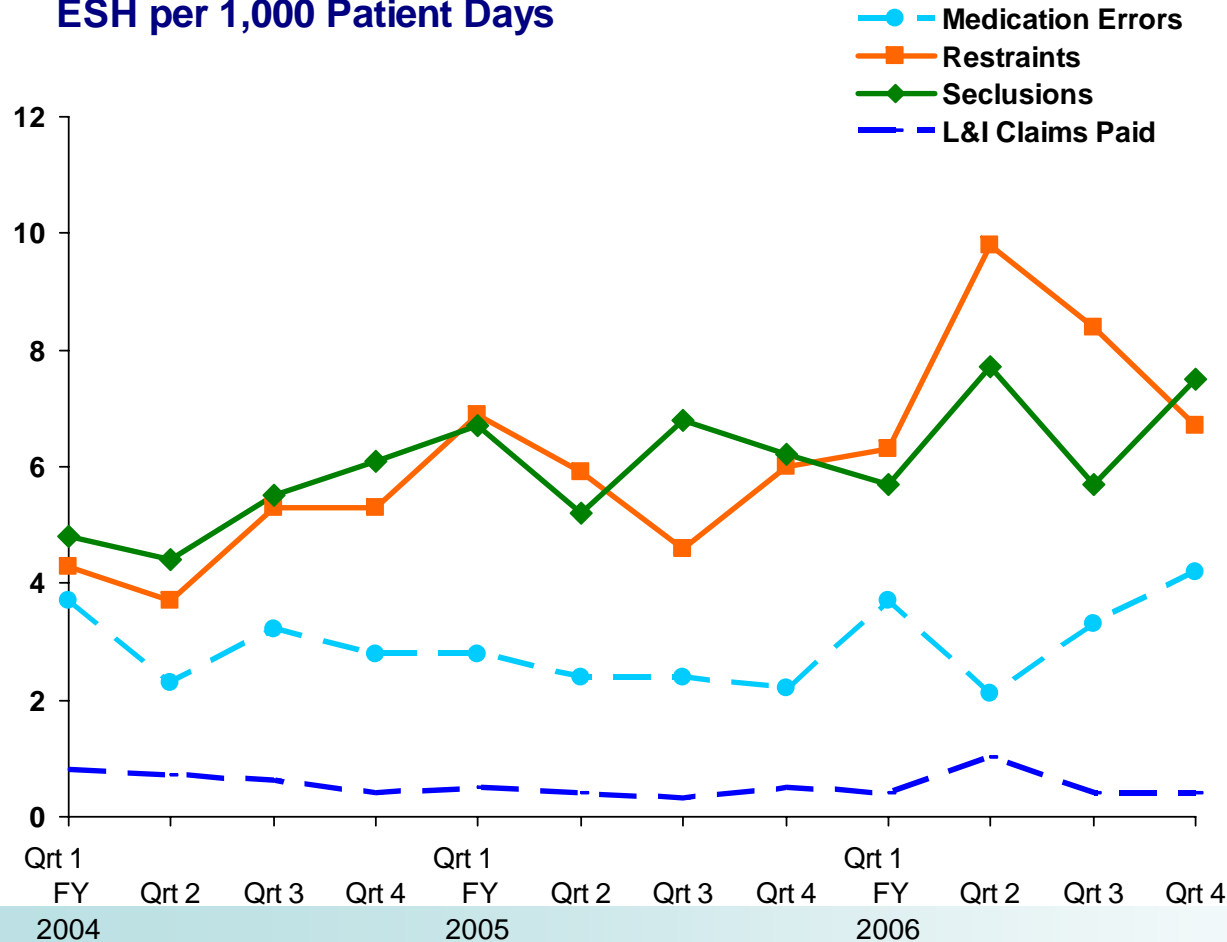
Comprehensive and Integrated Mental Health Services

Objective: Patient Care is Recovery Based and Non-coercive

Risk Factors – Eastern State Hospital

Action	Who	Due Date
Non-violence Initiative	Implementation Team	Grant ends 10-07

ESH per 1,000 Patient Days



Analysis

- Decrease in restraint rates following quarter 2 peak.
- However, R & S rates appear to be steadily increasing.
- Paid L & I claims have decreased along with decrease in restraint rates.
- Increase in medication errors.

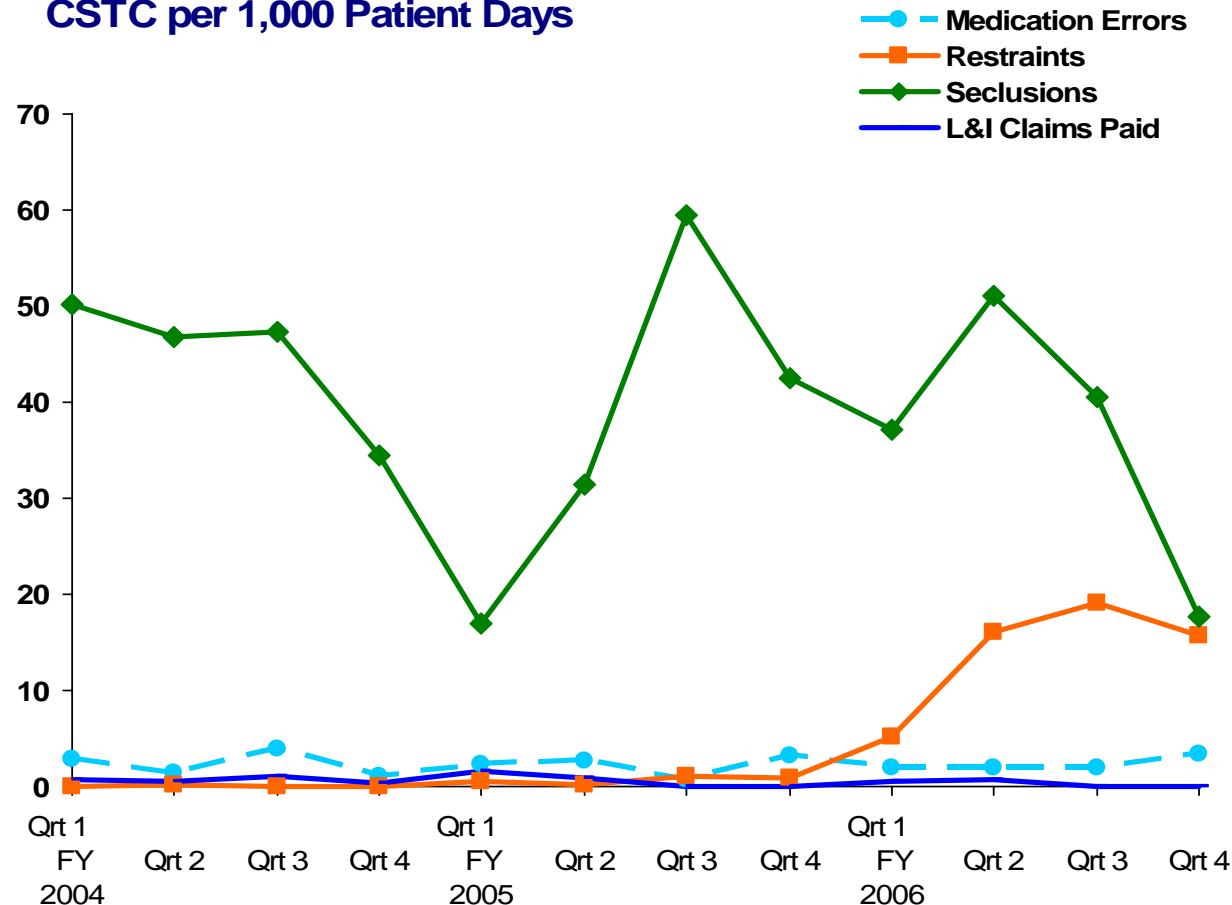
Comprehensive and Integrated Mental Health Services

Objective: Patient Care is Recovery Based and Non-coercive

Risk Factors – Child Study & Treatment

Action	Who	Due Date
Non-violence Initiative	Implementation Team	Grant ends 10-07

CSTC per 1,000 Patient Days



Analysis

- Increasing use of restraints.
- Very low medication error rate
- Very low paid L & I claims rate

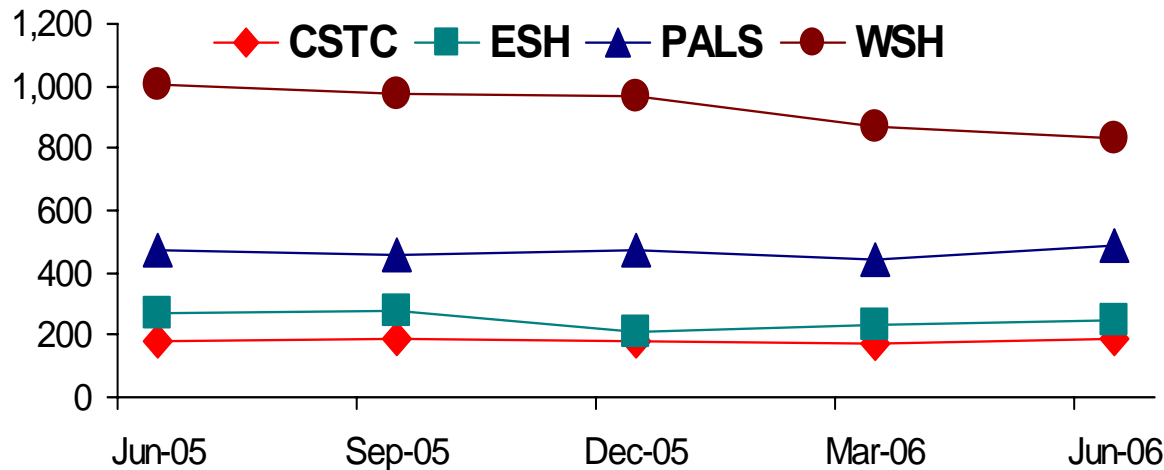
Data Note: CSTC has a small number of patient days. Small changes in seclusion and restraint can lead to large swings in this data.

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Objective: Patient Care is Recovery Based and Non-coercive

State Hospital Average Length of Stay for In-Resident Civil Population

Average Length Of Stay for In-Resident
Civil Population



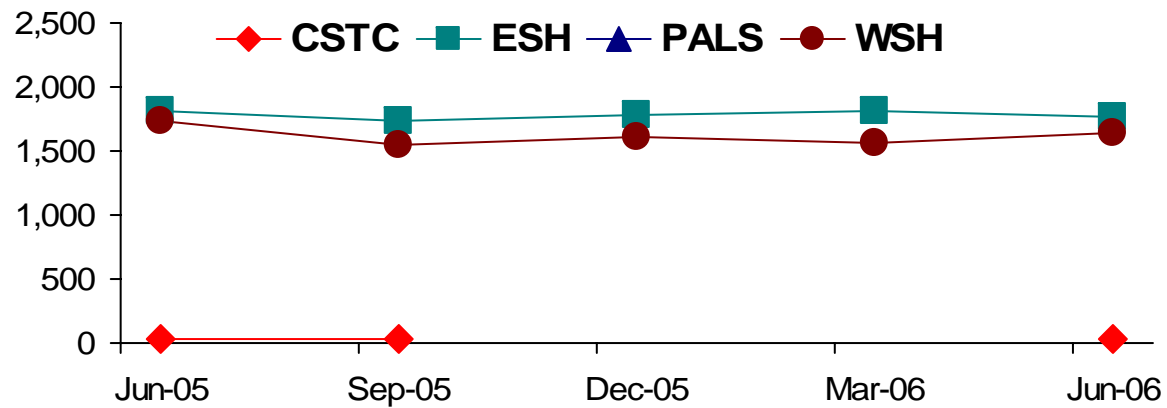
	Jun-05	Sep-05	Dec-05	Mar-06	Jun-06
◆ CSTC	179	187	177	170	186
■ ESH	272	278	211	230	250
▲ PALS	472	457	471	445	485
● WSH	1,008	973	970	871	836

Analysis

- Western average length of stay is 4 times the other hospitals
- Average LOS is slowly declining at Western State Hospital
- Eastern state hospital's stays may be shorter because it houses more 72 hour and 14-day ITA commitments

Comprehensive and Integrated Mental Health Services

**Average Length Of Stay for In-Resident
Forensic Population**



	Jun-05	Sep-05	Dec-05	Mar-06	Jun-06
—◆— CSTC	31	30			32
—■— ESH	1,808	1,733	1,789	1,816	1,772
—▲— PALS					
—●— WSH	1,735	1,549	1,607	1,564	1,646